

www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 109800001		CITY OR TOWN	SHARON
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	DAUB'S HIGHLAN	D MANOR INC.		
DOING BUSINESS A	A SAPHIRE MANOI	R & INN		
ADDRESS 56 HIGH	LAND AVE.			
CITY/TOWN: SHA	RON	STATE: MA	ZIP CODE:	02067
MANAGER: SAPE JOHN	HIRE, TYPE NATHAN	E OF LICENSE:R	estaurant Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:				
Ī	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF I				
SEVEN ROOMS ON COURTYARD ON T	THE FIRST FLOOR THE LEFT SIDE OF T		FOR STORAGE AND	OUTSIDE IN THE
I hereby certify and sv	wear under penalties o	f perjury that:		
1. the renewe	ed license will be of th	e same type for th	e same premises now	licensed;
2. the license	ee has complied with a	ll laws of the Con	nmonwealth relating to	taxes; and
3. the premis	es are now open for b	usiness (If not exp	lain below)	
SIGNED BY:	Individual, Partner o	r Authorized Corp	porate Officer	
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed	by the building insp	ector and the he	nd of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	III <i>)</i>			
DATE:			-	



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	109800002	(	CITY OR TOWN SHARON	1
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	GINGKO RESTAURA	ANT		
DOING BUSINESS A	A SICHUAN GOURM	ET SHARON		
ADDRESS 388 SOUT	ΓΗ MAIN ST.			
CITY/TOWN: SHAP	RON	STATE: MA	ZIP CODE: 02067	
MANAGER: LIJUN	LIU, LEO TYPE (	OF LICENSE: Resta	aurant CATEGORY	: All Alcohol
EMAIL ADDRESS:				
Pl	LEASE ALSO VISIT OUR WEBSIT	ΓΕ AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMISES	:		
TWO DINING ROOM	MS ON FIRST FLOOR	- BASEMENT AR	REA FOR STOR	AGE.
I hereby certify and sw	vear under penalties of	perjury that:		
		• •	ame premises now licensed;	
			onwealth relating to taxes; and	ĺ
3. the premise	es are now open for bus	iness (If not explain	n below)	
SIGNED BY:	In distinct Domeston	Andharina d Carra	ota Offican	
	Individual, Partner or	Authorized Corpora	ate Officer	
DATE:	TELEPHONE N	IUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
We the undersigned.	. attest that we are in	possession (1) the	certificate required by Chap	oter 304 of the
Acts of 2004, signed	by the building inspec	ctor and the head	of the fire department for th	e above named
license and (2) the ce	ertificate of liquor liab	oility insurance red	quired by Chapter 116 of the	e Acts of 2010.
Please Check Below:			LOCAL LICENSING AUTH	HORITY
APPROVED:	<u></u>		By:	
DISAPPROVED:				
(If disapproved explain	n)			
DATE:				
DATE.				



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	109800003		CITY OR TOWN	SHARON
APPLICATION FOR I	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	MANDARIN TAST	ΓE, INC.		
DOING BUSINESS A				
ADDRESS 37 POND	STREET			
CITY/TOWN: SHAR	ON	STATE: MA	ZIP CODE:	02067
MANAGER: HUI, W	VEI HUNG TYP	E OF LICENSE: Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMIS	ES:		
FIVE ROOMS, PATIO	), CELLAR FOR S'	TORAGE		
I hereby certify and sw	ear under penalties	of perjury that:		
1. the renewed	l license will be of t	he same type for the	e same premises now	licensed;
		* *	monwealth relating to	
	s are now open for l		•	· ····································
o. une premise	y une no w open for t	o <b>u</b> om <b>o</b> os (11 not <b>e</b> mp		
SIGNED BY:	India: daal Dawman	A 41 4 C	oneta Officer	
	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHONI	E NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
We the undersioned	attact that we are	in neggession (1) 4	a agutificata ugguius	od by Chantan 204 of the
				ed by Chapter 304 of the ment for the above named
				r 116 of the Acts of 2010.
Please Check Below:			LOCALLICENS	ING AUTHORITY
APPROVED:			By:	n to rio moral i
DISAPPROVED:	]		2).	
(If disapproved explain	i)			
DATE:				



www.mass.gov/abcc

LICENSE NUMBER: 109	9800004	CIT	Y OR TOWN	SHARON	
APPLICATION FOR RE	NEWAL:	Annual	LICENS	ED FOR 20	13
	(	CLASS			YEAR
LICENSEE NAME: AN DOING BUSINESS A ADDRESS 727 SOUTH		. POST #106			
CITY/TOWN: SHARO		ΓΕ: <b>ΜΑ</b> 2	ZIP CODE:	02067	
MANAGER: FIFIELD, A.			CA		All Alcohol
EMAIL ADDRESS:					
PLEAS	SE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMAIL AL	DDRESS		ı
DESCRIPTION OF LICE	ENSED PREMISES:				
MAIN ROOM, GROUNI LEVEL;POOL ROOM, E in rear of building					
3. the premises a SIGNED BY:	as complied with all laws or now open for business dividual, Partner or Autho	(If not explain be	low)		
DATE:	TELEPHONE NUME	ER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER:
Acts of 2004, signed by	test that we are in posses the building inspector a ficate of liquor liability i	nd the head of th	ne fire departm	ent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LC By	OCAL LICENSI :	NG AUTHO	DRITY
DATE:		_			



www.mass.gov/abcc

LICENSE NUN	ABER: 109800005		CITY	OR TOWN	SHARON	
APPLICATION	N FOR RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NA DOING BUSIN		THUR I. BOYDEN POST	#7238			
ADDRESS 329	S. MAIN STREET					
CITY/TOWN:	SHARON	STATE: MA	ZIP	CODE:	02067	
	MCKENNA, ALLEN R.	TYPE OF LICENSE: C	lub	C	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:					
ONE STORY A	N OF LICENSED PLABOVE GROUND	T OUR WEBSITE AND ENTER YOUR REMISES: WITH SUB LEVEL, FIR ENTRANCES FRONT A	ST FLOOI	R CLUB A		FLOOR
1. the r 2. the l	renewed license will icensee has complied premises are now op	enalties of perjury that: I be of the same type for the dwith all laws of the Corpen for business (If not expendent or Authorized Corporation)	nmonwealt	th relating t		
DATE:	TELE	PHONE NUMBER:	(N			TION NUMBER:
Acts of 2004, s	signed by the build	we are in possession (1) t ling inspector and the he liquor liability insurance	ad of the f	ïre depart	ment for the	above named
Please Check Belo APPROVED: DISAPPROVE (If disapproved	D:		LOCA By:	AL LICEN	SING AUTH	ORITY
DATE:						



www.mass.gov/abcc

LICENSE NUMBER	:109800006		CITY	OR TOWN	SHARON	
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 149 EAS	A	UNTRY CLUB				
CITY/TOWN: SHA	RON	STATE: MA	Z	IP CODE:	02067	
MANAGER: WAL	L, DAVID	TYPE OF LICENSE: Ch	ıb	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
		UR WEBSITE AND ENTER YOUR E	MAIL ADD	DRESS		
	ISTING OF A K	EMISES: LITCHEN, SERVICE BA FROM THE KITCHEN.	R ANI	D DINING R	OOM. TWO	EXITS
2. the license	ed license will be the has complied tes are now open	e of the same type for the with all laws of the Comin for business (If not exploration or Authorized Corporation)	nonwea	alth relating to		
DATE:	TELEDI	IONE NUMBER.		EMPI OYFI	R IDENTIFICAT	ION NUMBER
DITIE.	TELEPH	HONE NUMBER:	(		dividual Social So	
Acts of 2004, signed	by the building	are in possession (1) th g inspector and the head uor liability insurance r	l of the	e fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOC By:	CAL LICENS	SING AUTHO	ORITY
DATE:						



www.mass.gov/abcc

LICENSE NUMBER:	109800007		CIT	ORTOWN	SHARON	
APPLICATION FOR 1	RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	SPRING VALLE	Y COUNTRY CL	UB, INC.			
DOING BUSINESS A						
ADDRESS 25 TIOT S	TREET					
CITY/TOWN: SHAR	.ON	STATE: N	<u>/IA</u> Z	ZIP CODE:	02067	
MANAGER: ANTO	KAL,ALAN TY	YPE OF LICENSE	::Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR	WEBSITE AND ENTER YO	UR EMAIL AD	DRESS		
DESCRIPTION OF LI						
GROUND FLOOR IN EXITS ARE THROUGENTRANCES & EXIT	GH MAIN LOBB	Y AREA. LIQUO	R STORA	GE ROOM I		
I hereby certify and sw	ear under penaltie	es of perjury that:				
1. the renewed	l license will be o	of the same type for	r the same	premises now	licensed;	
2. the licensee	has complied wi	th all laws of the C	Commonwe	ealth relating t	to taxes; and	
3. the premise	s are now open for	or business (If not e	explain be	low)		
SIGNED BY:	Individual, Partno	er or Authorized C	orporate C	Officer		
DATE:	TELEPHO	NE NUMBER:		EMPLOYE	R IDENTIFICAT	ION NUMBER:
				(Note: NOT In	dividual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed I license and (2) the ce	by the building i	nspector and the	head of th	e fire depart	ment for the	above named
Please Check Below:			LO	CAL LICENS	SING AUTHO	ORITY
APPROVED:	7		By	:		
DISAPPROVED: [If disapproved explain	n) _					
(11 disapproved explain	7		_			
DATE.						
DATE:			_			<u></u>
APPLICATION FOR RENEWA	L MUST BE FILED BY	LICENSEES DURING T	HE MONTH (	OF NOVEMBER (N	A.G.L. Ch. 138 \$ 16	5A)



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10980001	10	CITY OR TOWN	SHARON
APPLICATION FOR RENEWA		LICENS	SED FOR 2013
LICENSEE NAME: MACHA DOING BUSINESS A CORIA ADDRESS 5 POST OFFICE SO	NDER RESTAURANT QUARE		YEAR
CITY/TOWN: SHARON	STATE: MA	ZIP CODE:	02067
MANAGER: THACH, DAO  EMAIL ADDRESS:  PLEASE ALSO  DESCRIPTION OF LICENSEE  1 DINING RM. ON 1ST. FLOO  ENTRANCE AND 2 REAR EX  PUBLIC SIDEWALKS.	OR,RESTROOMS, KITCHEN	MAIL ADDRESS ,STORAGE OFF DI	
2. the licensee has com	r penalties of perjury that: will be of the same type for the plied with all laws of the Com r open for business (If not expl	nonwealth relating to	
SIGNED BY: Individua	al, Partner or Authorized Corpo	orate Officer	
DATE: TE	LEPHONE NUMBER:		IDENTIFICATION NUMBER:
We the undersigned, attest the Acts of 2004, signed by the bulicense and (2) the certificate	ilding inspector and the hea	d of the fire departn	nent for the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 109800011		C.	ITY OR TOW	N SHARON	
APPLICATION FO	R RENEWAL:	Annua	ા	LICE	ENSED FOR 20	013
		CLAS	S			YEAR
DOING BUSINESS	SHARON HOUSE O		UPTOW:	N COFFE SHO	OP	
ADDRESS 1 POND						
CITY/TOWN: SHA	ARON	STATE:	MA	ZIP CODE:	02067	
MANAGER: THE PAP	ADOPOULOS TYPI	E OF LICENS	E:Restau	ırant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEI LICENSED PREMISI		YOUR EMAII	ADDRESS		
2. the licens	wed license will be of the see has complied with a sises are now open for be	all laws of the	Commor	wealth relatin		
SIGNED BY:	Individual, Partner of	or Authorized	Corporat	e Officer		
DATE:	TELEPHONE	E NUMBER:			YER IDENTIFICAT	
Acts of 2004, signe	d, attest that we are i d by the building insp certificate of liquor li	pector and th	e head of	the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)			LOCAL LICE By:	NSING AUTH	ORITY
DATE:						



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN SHARON
L: Annual	LICENSED FOR 2013
CLASS	YEAR
TRIOTS LLC	
ORGANS	
HIGHWAY	
STATE: MA	ZIP CODE: 02067
TYPE OF LICENSE: Res	staurant CATEGORY: All Alcohol
SIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS
PREMISES:	
AND WALK IN FREEZER EMERGENCY EXITS AND	ROOMS AND ONE MEETING ROOM, AND REFRIG. TWO RESTROOMS, O THREE SERVICE EXITS. OUTSIDE
penalties of perjury that:	
ll be of the same type for the	same premises now licensed;
ied with all laws of the Comr	nonwealth relating to taxes; and
open for business (If not expla	ain below)
Partner or Authorized Corpo	orate Officer
EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: <u>NOT</u> Individual Social Security Number)
ding inspector and the head	e certificate required by Chapter 304 of the d of the fire department for the above named equired by Chapter 116 of the Acts of 2010.
	LOCAL LICENSING AUTHORITY
	By:
	<del></del>
	CLASS FRIOTS LLC ORGANS HIGHWAY  STATE: MA  TYPE OF LICENSE: Res  SIT OUR WEBSITE AND ENTER YOUR ENTER PREMISES: SLDG WITH TWO DINING AND WALK IN FREEZER EMERGENCY EXITS AND EDS Denalties of perjury that: fill be of the same type for the fied with all laws of the Commopen for business (If not explain the commopen for business (If not explain the commopen for business)  Partner or Authorized Corporate the commopen for business (If not explain the commopen for business)  EPHONE NUMBER:



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 109800013		CITY OR TOWN	SHARON	
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	SHARON MARKET	LLC			
DOING BUSINESS	A				
ADDRESS 17 POST	OFFICE SQUARE				
CITY/TOWN: SHA	RON	STATE: MA	ZIP CODE:	02067	
MANAGER: HALI	"JOHATHAN TYPE	E OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
1	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR F	CMAIL ADDRESS		-
DESCRIPTION OF I					
ONE STORY BUILD SIDE DOOR FREEZ		7 AISLES AND SI	HELVINGONE EN	NTRANCE	.ONE
2. the license	ed license will be of the has complied with a es are now open for b  Individual, Partner of	ll laws of the Com usiness (If not exp	monwealth relating to		
	murviduai, i artiici o	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					<del></del> ,



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10	09800014		CITY OR TOWN	SHARON	
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: PI	ERE VOLOKA EN	TERPRISES INC.			
DOING BUSINESS A	BREAD N BUTTE	ER			
ADDRESS 374A SOUT	H MAIN STREET	•			
CITY/TOWN: SHARO	ON	STATE: MA	ZIP CODE:	02067	
MANAGER: SEMYO MARIY		E OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LIC	ENSED PREMISE	ES:			
APPROX. 1600 SQ FT ENTRANCES	RETAIL STORE-C	ONE STORY BUII	LDING-WITH FROM	NT/BACK	
	as complied with a		monwealth relating to ain below)	o taxes; and	
SIGNED BY:	ndividual, Partner o	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109800015		CITY OR TOWN SHARON					
APPLICATION FO	R RENEWAL:	Annua	ıl	LICENSED FOR 2013			
		CLAS	S			YEAR	
LICENSEE NAME	: MANGIA REST	AURANT GROU	JP LLC				
DOING BUSINESS	A MANGIA NEC	POLOTAN PIZZ	ZERIA				
ADDRESS 21 SOU	TH MAIN ST						
CITY/TOWN: SH	ARON	STATE:	MA ZIP CO	DDE:	02067		
	JERJIAN, T PHEN	YPE OF LICENS	E:Package Store	CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS	:						
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL ADDRESS				
DESCRIPTION OF	LICENSED PREM	MISES:					
1200 SF WITH 12 I UNFINISHED BAS						CHEN	
	see has complied wises are now open f			erating to	taxes; and		
	Individual, Partn	ner or Authorized	Corporate Officer				
DATE: TELEPHONE NUMBER:				EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL I By:	LICENS	ING AUTHO	DRITY	
DATE:							